

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001731

FILED
Apr 30, 2008
Secretary of State

Entity Name: MID-ATLANTIC HTE USER'S GROUP, INC.

Current Principal Place of Business:

320 CHESTNUT ST
WILMINGTON, NC 284021810

New Principal Place of Business:

Current Mailing Address:

C/O STEPHANIE JACOBS
P.O. BOX 1810
WILMINGTON, NC 284021810

New Mailing Address:

FEI Number: 56-2189458 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: PENDERGRASS, JENNIFER
Address: HANOVER COUNTY, PO BOX 470
City-St-Zip: HANOVER, VA 23069

Title: DV () Delete
Name: ALTMAN, DENISE
Address: COUNTY OF ORANGEBURG, 1437 AMELIA ST
City-St-Zip: ORANGEBURG, SC 29115

Title: D () Delete
Name: REECE, SANDY A
Address: CITY OF THOMASVILLE, PO BOX 368
City-St-Zip: THOMASVILLE, NC 27361

Title: DT () Delete
Name: JACOBS, STEPHANIE S
Address: CITY OF WILMINGTON, PO BOX 1810
City-St-Zip: WILMINGTON, NC 284021810

Title: S () Delete
Name: HANDY, CRYSTAL
Address: TOWN OF BLACKSBURG, 303 WILSON AVE
City-St-Zip: BLACKSBURG, VA 24060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ALTMAN, DENISE
Address: COUNTY OF ORANGEBURG, 1437 AMELIA ST
City-St-Zip: ORANGEBURG, SC 29115

Title: DV (X) Change () Addition
Name: HANDY, CRYSTAL
Address: TOWN OF BLACKSBURG, 303 WILSON AVE
City-St-Zip: BLACKSBURG, VA 24060

Title: D (X) Change () Addition
Name: PENDERGRASS, JENNI
Address: HANOVER COUNTY, PO BOX 470
City-St-Zip: HANOVER, VA 23069

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: CAMPBELL, SUE
Address: ST MARY'S COUNTY, PO BOX 653
City-St-Zip: LEONARDTOWN, MD 20650

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHANIE JACOBS

DT

04/30/2008

Electronic Signature of Signing Officer or Director

Date